

CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on **May 24, 2004**.

  
Jenny Nguyen

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: May 24, 2004

Charles L. LINGERFELT et al.

Confirmation No: 2668

Serial No: 09/551,822

Group Art Unit: 2135

Filed: April 18, 2000

Examiner: Ha, Leynna A.

For: DATA FLOW PATTERN RECOGNITION AND MANIPULATION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED**

**JUN 03 2004**

**Technology Center 2100**

**RESPONSE**

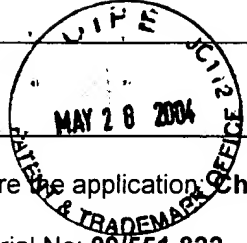
Sir:

In response to the Office Action dated February 24, 2004, please consider the following:

**Remarks/Arguments** begin on page 2 of this paper.

2135

<b>TRANSMITTAL FORM</b>	Attorney Docket No. <b><u>RAL920000059/3150P</u></b>
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ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .	
<input type="checkbox"/>	Executed Declaration by Inventor(s)		

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	25	25	0	\$18.00	\$ 0.00
Independent Claims	3	3	0	\$86.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 50-0563 (IBM Corporation).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joyce Tom, Reg. No. 48,681
Signature	
Date	May 24, 2004

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: <b>May 24, 2004</b>	
Type or printed name	Jinny Nguyen
Signature	